

819950

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original filing date of submission 5/31

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
RECOVERY INTERNATIONAL INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Attn: Michelle Milligan

RECEIVED
16 JUN 14 PM 3:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
16 MAY 31 PM 3:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FA Change

5/31
FILE

6/14/2016 3:29:21 PM From: To: 8506176380(3/5)
850-617-6381 6/1/2016 5:19:32 PM PAGE 1/001 Fax Server



June 1, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECOVERY INTERNATIONAL INCORPORATED
105 W. ADAMS STREET SUITE 2940
CHICAGO, IL 60603

SUBJECT: RECOVERY INTERNATIONAL INCORPORATED
REF: 819950

RE-SUBMIT

Please retain original filing
date of submission 5/31

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The entity is a corporation and not a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

FAX Aud. #: H16000132814
Letter Number: 616A00011469

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RECOVERY INTERNATIONAL INCORPORATED
Name of Corporation

DOCUMENT NUMBER: 819950

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RECOVERY INTERNATIONAL INCORPORATED
2. The principal office address: 1415 W. 22nd Street Tower Floor, Oak Brook, IL 60523
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/11/1966 Document number: 819950

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

REETZ, MARY K

7509 LOVELY LN

ORLANDO, FL 32810

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maria Sciotti
Signature of an officer or director

Maria Sciotti, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: Jenifer Vincent
Signature of Registered Agent

05/26/2016

Date

If signing on behalf of an entity:

Jenifer Vincent, Assistant Secretary & VP

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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16 MAY 31 PM 3:55
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